| also . | USE THIS FORM FOR ALL ENTRIES EXCEPT CRAFTS | | | | | | |
|---|---|---|---|---|-----------------------|-----------------------------------|-------|
| FORTY-N | THE CLEVELAND MUSEUM OF ART FORTY-NINTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE MAY 3 to JUNE 18, 1967 Born in Cleveland | | | | | | |
| Collaborator if any Artist GERALO FIRST NAME LAST NAME Address 3646 MAYFIELD RD. CLEVELAND HTS., 44106 CUYAHOGA Tel. 371-5136 Out-of-town residents should state whether return shipment is required. Tel. 371-5136 Please bring Registration Fee of \$2.00 (Cash or Check) with your entries. | | | | | | | |
| CL ASS | MEDIUM OIL PAINT | CL ASS 1 | MEDIUM OIL P | AINT | CL ASS | MEDIUM | |
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| Artist SERAUD KRAMER FIRST NAME LAST NAME | | Artist GERALD KRAMER FIRST NAME LAST NAME | | Artist | | | |
| 1231 DO NO | ACCEPTED REJECTED OT WRITE IN THIS SECTION | ACCEPTED REJECTED DO NOT WRITE IN THIS SECTION | | ACCEPTED REJECTED DO NOT WRITE IN THIS SECTION | | | |
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This entry blank must be fully made out (typewritten or plainly lettered for catalog purposes) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1967.

It is also understood that accepted entries will remain on exhibition until June 18 1967.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

ramer

SIGNATURE

SUBMIT ENTRIES WITH ENTRY BLANK AND FEE MARCH 11 THROUGH MARCH 18, 1967.

Submit one entry blank in triplicate per person. One copy, complete with juror's marks, will be returned to you as notification of acceptance or rejection. THIS COPY IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This form in duplicate is made up of N C R paper which does not require carbon.

REJECTED: May 6 - May 20

ACCEPTED: June 23 - July 8